



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9738

SERIAL NUMBER 09/888,819	FILING DATE 06/25/2001 RULE	CLASS 345	GROUP ART UNIT 2675	ATTORNEY DOCKET NO.						
APPLICANTS Robin S. Gray, Ellicott City, MD; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/16/2001										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-right: 1px solid black; padding: 2px;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>mc</i> 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>mc</i> Verified and Acknowledged Allowance <i>my</i> Examiner's Signature </td> <td style="width:20%; border-right: 1px solid black; padding: 2px;"> STATE OR COUNTRY MD </td> <td style="width:10%; border-right: 1px solid black; padding: 2px;"> SHEETS DRAWING 14 </td> <td style="width:10%; border-right: 1px solid black; padding: 2px;"> TOTAL CLAIMS 20 </td> <td style="width:40%; padding: 2px;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>mc</i> 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>mc</i> Verified and Acknowledged Allowance <i>my</i> Examiner's Signature	STATE OR COUNTRY MD	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3	
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>mc</i> 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>mc</i> Verified and Acknowledged Allowance <i>my</i> Examiner's Signature	STATE OR COUNTRY MD	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3						
ADDRESS ROBIN S. GRAY 3538 SPLIT RAIL LANE ELLICOTT CITY , MD 21042										
TITLE Mouse Printing Devie with Integrated Touch Pad Buttons										
FILING FEE RECEIVED 481	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:									
<table style="width:100%; border-collapse: collapse;"> <tr><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> All Fees</td></tr> <tr><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Other _____</td></tr> <tr><td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</td></tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
<input type="checkbox"/> All Fees										
<input type="checkbox"/> 1.16 Fees (Filing)										
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)										
<input type="checkbox"/> 1.18 Fees (Issue)										
<input type="checkbox"/> Other _____										
<input type="checkbox"/> Credit										